## **EASTERN SHAWNEE TRIBE**2013-2014 SCHOLARSHIP/TRAINING APPLICATION

Applicant:		DOB:	M:	F:	
Roll #: SS#: _					
Phone:	or	E-mail	E-mail:		
Address:		City:	State: Z	ip:	
Name of School/Training	g Site				
Address:		City:	State:	Zip:	
Phone:	Is this Schoo	l? State Supported:	Private:	For-Profit:	
Bursar/Cashier's Fax #:		Financia	l Aid Fax #:		
Application is for: Fall (	13) Wi	nter (13-14)	Spring(14) Su	m(14)	
Currently seeking: Ass	ociate	Bachelor N	Masters Doct	orate	
Major:		I am applying/will	apply for financial aid	: Yes No	
Enrolled in: Colle	ege Credits	Clock Hours Train	ing Weeks/M	onths Training	
College Credit Courses v	vill be: On-Ca	mpus credit ho	urs On-Line	credit hours	
Vocational Training App	licant's Career (	Goal:			
OJT Applicants: Rate/Ho	our Expected	What Field(s)			
(1)College Degree Plan (3) Grades for previous (5) Enrollment/ Outline  As an applicant for tribe. I agree to notify Withdrawing from class	or Vocational C terms/ High Sc of Training Sch Education Bene the Education I es after final di	Career Plan (2) Official hool Transcript (4) Ac nedule (6) Result of Firefits, I understand that Department of any chool by the cop date will affect further that the cop date will affect further than the cop date will be copped to the cop date.	ceptance Letter (if app nancial Aid/Scholarship t I may not receive an langes in my enrollme ture scholarship appr	/US currency olicable) os Received award from anothe nt/training status. oval/payments. I	
have read the current S	cholarship/Trai	ning Guidelines and a	agree to comply with t	:hem.	
Annlic	ant's Signature		 Date		
Дрис	_	RELEASE OF INFORMA			
I hereby authorize			ti	o release my	
School Billing, Grades/I To: The Educ. Departm Wyandotte, OK 74370. Education Assistant: A	ent, Eastern Sh Ph: 918-666-52	nawnee Tribe of Oklal 223;Fax: (888)972-183	al Aid Report, Attenda noma, 10135 S. Blueja	ance Report cket Rd,	
		SS#	Date		
Applicant's Sign					